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## The interface of neurology and psychiatry

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**Propositions accompanying the thesis: "THE INTERFACE OF NEUROLOGY AND PSYCHIATRY. MODERN EPIDEMIOLOGICAL APPROACHES".**

1. Depressive symptoms arising in older age, are a prodromal sign rather than a risk factor of dementia. (*This thesis*)
2. Sustained depression in older age increases the risk of mortality, but a single episode of depression does not. (*This thesis*)
3. Mild cognitive impairment is a risk factor for anxiety, but anxiety is not a risk factor for dementia. (*This thesis*)
4. The observed short-term protective association of coffee with incident dementia, represents reverse causation, or a "healthy coffee-drinker" effect. (*This thesis*)
5. NT-proBNP can be a useful marker of imminent cognitive-decline and dementia in the absence of clinical cardiovascular disease. (*This thesis*)
6. A 'cognitively normal person' is one who hasn't had enough cognitive tests. With a test sensitive enough, you will always be able to label someone cognitively abnormal. Therefore, "normal aging" should be replaced by the term "usual aging." (*Dr. Constantine Lyketsos, 2013*)
7. Evidence favoring the "vascular hypothesis" of Alzheimer's disease outweighs that for the "amyloid hypothesis".
8. Even if MCI is not perfectly defined, it is of value, because there is potential for preventive opportunities.
9. The concept that study subjects constituting a representative sample of the target population is essential for valid generalization, is a misconception. (*Kenneth J. Rothman, 2013*)
10. Attempting to draft or sketch a research paper before any analysis is conducted, is an advantage, and is not premature.
11. There are two types of theses, "perfect" or "submitted".